

Early Intervention in Everyday Routines, Activities, and Places: Guidelines for Indiana



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Contents

Introduction: Accessing a Life in the Community / 3

Rationale for Providing First Steps Services and Supports in Natural Environments / 5

Referral and Intake: The Washington Family / 10

Eligibility Determination: The Tanner Family / 13

IFSP Planning, Development and Implementation: The Montoya Family / 17

Transition: The Montoya Family / 22

Putting It All Together... / 24

Resources and References / 27

Policy Statement and Position Papers / 28

Family & Social Services Administration, Division of Family and Children / 28

Governor's Interagency Coordinating Council on Infants and Toddlers / 32

IDEA Infant and Toddlers Coordinators Association / 37

Introduction

Accessing a Life in the Community

Indiana's First Steps is a system of services and supports for families and their infants and toddlers with disabilities, developmental delays or those at risk of developmental delays. Its mission is to ensure that all eligible children and their families have easy access to comprehensive, coordinated services that address their individual needs.

Administered by the Bureau of Child Development within the Division of Family and Children of Indiana's Family and Social Services Administration, the goals of First Steps include:

- enhancing the capacity of families to support their children's well-being, development, learning, and full participation in their communities;
- enhancing the willingness and capacity of communities to welcome, fully include, and support children with disabilities and their families; and
- ensuring that children with disabilities grow up with opportunities to experience the same long-term outcomes as their peers—health and wellness, choice and autonomy, membership within their families and communities, and a strong sense of personal respect, value, and satisfaction.

First Steps is working to advance the provision of early intervention services in *natural environments*. There are many family members and early intervention providers who are confused about this term, unsure of where and how services should be provided, or are uncertain that services in the natural environment are appropriate for some children and families. Discussions concerning

natural environments have typically focused on *where* services are to be provided, or have simply defined the natural environment as the *home*. This booklet provides information and guidelines for designing and delivering early intervention services in the **everyday routines, activities, and places** of children and families' lives that comprise natural environments.

This effort corresponds with the work of the Governor's Interagency Coordinating Council on Infants and Toddlers (ICC). In 2000, the ICC adopted a position statement on natural environments for Indiana's families and providers:

It is the belief and recommendation of the Governor's Interagency Coordinating Council on Infants and Toddlers that services and supports are most effective when they are provided within the context of families' everyday routines, activities, and places.

In addition, the ICC went on to state:

*While **where** and **when** services are provided are essential elements in providing quality services in natural environments, equally important are the elements of **what** and **how** services are delivered. Therefore, services provided in these everyday routines, activities, and places, must also be developmentally appropriate and relevant to families' lives.*

In place of the terms "natural environments" or "inclusion," this booklet talks about providing services in **everyday routines, activities, and places**. What does this mean? Early intervention supports and

services should be delivered in settings and during activities that are determined by the child's needs, the desired functional outcomes for the child, and the family's life-style and routines. **Family routines** are the events that are customarily a part of families' schedules. These routines might include mealtime, bath time, playtime, car rides, and nap time. **Everyday activities** that a family does with their infant or toddler might include such things as having fun at the playground, going for a walk, spending time with friends in a playgroup, shopping, or going to the library. **Everyday places** are where families and children participate, day-in and day-out, including the home, child care, the neighborhood, and community settings such as a recreation center, library, park, or store.

The rationale section of this booklet provides a detailed explanation of why early intervention services should be provided in everyday routines, activities, and places. It attempts to answer the major questions families and providers ask in their effort to understand why services may need to be provided differently.

We next present four scenarios focusing on the major milestones that families experience as they enter, navigate through, and exit Indiana's First Steps Early Intervention System. The scenarios provide an opportunity to read and think about what happens at certain points in the First Steps process. Each scenario is followed by ideas and suggestions for what families and providers can do to provide appropriate services within everyday routines, activities, and places. The scenarios begin with the Washington family as they first learn about their child's disability and make the initial contact with the First Steps system. The second scenario shares the dilemma of the Tanner family, who suspect their child's development is delayed. It follows them into the evaluation and eligibility

determination phase of the early intervention system. The Montoya family is featured in the third scenario and follows them through multiple steps that encompass the design and delivery of First Steps early intervention services. The last scenario continues with the Montoyas as they prepare to "transition" out of the First Steps system.

The final section, "Putting It All Together," summarizes the major points and asks the reader to think about the possibilities that exist when services are designed and delivered away from traditional therapeutic and disability-based settings.

Resources and references are listed at the end of this document, along with position papers that include a copy of the policy letter on natural environments from James Hmurovich, Director of the Division of Families and Children, Indiana Family and Social Services Administration. Two other position papers are included as well: The Governor's Interagency Coordinating Council on Infants and Toddlers position paper on *Natural Environments in Indiana: Early Intervention in the Family's Everyday Activities*, and *The Provision of Early Intervention in Accordance with Federal Requirements in Natural Environments*, published by the IDEA Infant and Toddlers Coordinators Association (April 2000).

Rationale

for Providing First Steps Services and Supports in Natural Environments

“Why do First Steps services need to be provided in natural environments?”

“Don’t some children benefit from services in more traditional early intervention settings, such as developmental disability centers, clinics, and hospital settings?”

“What about homes and child care settings that are chaotic, of poor quality, and difficult to deliver therapy?”

“Don’t families have a say in any of this?”

These are some of the questions providers and family members have voiced in their attempts to understand Indiana’s move to ensure that early intervention services and supports are provided in everyday routines, activities, and places. This section will attempt to answer these questions and provide an understanding of why it is so important. The answers will articulate supporting state and federal laws, research, and the underlying beliefs and principles that guide policies and practices in Indiana and across the country.

Why change where services are provided?

Why can’t services continue to be provided in more traditional early intervention settings, such as developmental disability centers, clinics, and hospital settings?

One major reason is that since 1986, federal law has required that:

To the maximum extent appropriate to the needs of the child, early intervention services *must be provided in natural environments*, including the home and community settings in which children without disabilities participate. [34 CFR Sec. 303.12 (b)]*[emphasis added]*

Natural environments have been defined as those *settings that are natural or normal for the child’s age peers who have no disabilities* [Sec. 303.18]. Although original federal laws have not significantly changed since 1986, state and national data indicated that many children and families were being denied access to services in the natural environment. To remedy this, when federal officials reauthorized legislation, it stipulated that early intervention services must be provided in natural environments. The new emphasis on this issue required that state policies and procedures come into compliance. In response, Indiana’s Family and Social Services Administration issued a policy letter (Hmurovich, 2000) committing the state of Indiana to meeting these regulations, *“as well as upholding the spirit in which they were drafted.”*

State and federal laws mandate service provision in everyday routines, activities, and places. Research over the past decade has clearly demonstrated the positive benefits of providing early intervention services in inclusive home and community settings.

The goals and beliefs underlying early intervention necessitate the provision of services in everyday home and community activities and settings. Current goals adopt a capacity-building or “asset-based” approach, rejecting older goals that focused on remediating deficits and “fixing” children’s disabilities (Dunst, 1998).

Services in natural environments support the natural flow of a family's activities; are delivered where the child lives, learns and plays . . . uses natural supports, and builds on existing capacity of the community.

Providing early intervention services and supports to accomplish these goals means working to support families in caring for their children, meeting their children's needs, and integrating services into all aspects of home and community life. It also means supporting and consulting with community service providers, such as child care centers and homes, to include all children in their care and activities.

If interventions are presented as the domain of therapists, occurring outside the regular program routines, then a community program will not take responsibility for the child. If supports are integrated into the regular routine and staff are engaged in development and problem solving, they can take ownership in the child's plan (Connecticut Birth to Three System, 1999).

Are traditional therapeutic settings better in promoting children's development and addressing their developmental delays?

There is increasing research demonstrating that "children learn best when they have the opportunity to learn and practice skills in the context of everyday routines, activities, and places" (Colorado Department of Education, 1999). Bricker and Cripe have demonstrated the positive impact of activity-based intervention and integrating services into children's daily routines (Cripe, Hanline, & Daley, 1997; Bricker and Cripe, 1998). Recent efforts by Dunst (1998) have demonstrated the abundance of opportunities and benefits available to children when learning occurs in community settings and activities.

What are the benefits of providing services and supports in everyday routines, activities, and places?

There are several benefits to providing services and supports in everyday routines, activities, and places. Task forces in Connecticut and Wisconsin have published similar guidelines for providing services and supports in natural environments (Connecticut Birth to Three System, State of Wisconsin Foundations Bulletin #1, 1999). Their guidelines have identified the following benefits:

- **A child is more likely to generalize skills learned in natural environments.** Children are more apt to use what they have learned when skills are taught in settings where the skill is typically used (e.g., dressing after bathtime, eating at mealtimes, requesting toys during play) (Connecticut Birth to Three System, 1999).
- **All children learn to understand and accept differences.** Inclusion in natural environments provides children with disabilities the opportunity to participate in the same activities as other children in the community. Children who don't have disabilities also benefit from playing and being with children who have disabilities (Connecticut Birth to Three System, 1999).
- **A child is more likely to learn appropriate and effective social skills.** In natural group environments, children with disabilities have the opportunity to learn by imitating and participating in the play, verbal exchanges, and the social interactions of their typically developing peers (Connecticut Birth to Three System, 1999).
- **Every child has an opportunity to participate in his or her community.** Experiences such as attending

preschool, going to a neighborhood child care program, and participating in a play group at a neighbor's home make it possible for a child with disabilities to learn how to interact in the community in which he or she is a part (Connecticut Birth to Three System, 1999).

- **Communities recognize that children with special needs are children first.** Families and children have expanded opportunities to participate in the community. The community benefits from opportunities to become acquainted with families and their children with developmental delays or disabilities (State of Wisconsin Foundations Bulletin #1, 1999).
- **Children and families experience a sense of belonging.** Children with disabilities and their families experience a sense of belonging when they participate in community activities. Shared activities provide opportunities for children and their families to build friendships and increase natural supports (State of Wisconsin Foundations Bulletin #1, 1999).
- **Children are more likely to remain at home.** When families are supported in their home and community, the likelihood of out-of-home (residential) placement is reduced (State of Wisconsin Foundations Bulletin #1, 1999).

What about children with significant disabilities such as autism, serious medical conditions, or major physical or cognitive disabilities?

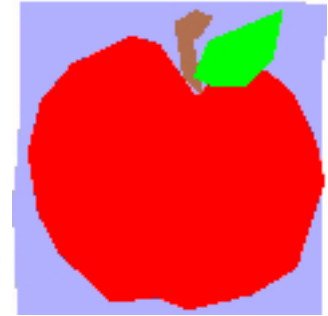
Wouldn't intensive therapy services in traditional early intervention settings be better in addressing their individual needs?

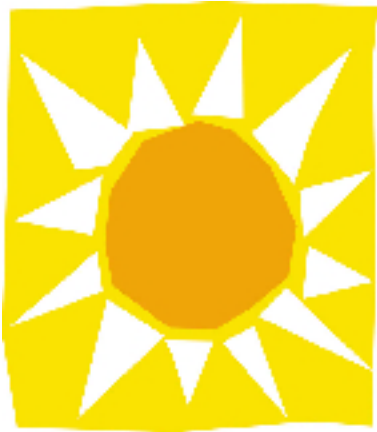
Providing services in everyday routines, activities, and places should not affect the quality or intensity of services available to the child and family.

While services for children with these disorders need to be individualized and instruction carefully structured, it is not necessary to segregate these children with other children with similar disabilities for ongoing early intervention ... The advantage of not creating settings specific to disabilities is that the child will not have to go through the confusing experience of transferring skills back into the normal routines and settings of his or her life (Connecticut Birth to Three System, 1999).

The Individual Family Service Plan (IFSP) team can decide, on an individual basis, that early intervention services should be provided "in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for an infant and toddler in a natural environment." [34 CFR 303.167] In a policy letter issued in April 2000, James Hmurovich, Director of the Division of Families and Children, Indiana Family and Social Services Administration, who oversees the First Steps system, stated:

It is the IFSP team that makes the decision about where services will be provided. No individual team member can determine the setting. Only when the team cannot effectively provide services within the child's routines, is discussion to occur regarding the provision of service in another setting. Personal preferences or convenience for providers or family are not acceptable justification for services being delivered outside of the natural environment. Justification for providing services in a setting outside of the child's natural environment must include sufficient justification and rationale to





support the team's decision that the child's outcomes could not be met even with supplemental supports including assistive technology. This justification must discuss how efforts to provide services in the natural environment were conducted and why these have been determined by the team to be unsuccessful. The justification must include a plan for how services provided in any specialized setting will be generalized into the child's daily routines and activities. At each six month review or annual IFSP, this decision must be reviewed following the same procedures.

A copy of the complete letter is provided beginning on page 28.

What about ensuring the quality and intensity of early intervention services?

For an early intervention provider, the anything but tranquil scene of each family member doing his or her thing might seem hectic or disconcerting, and some have commented that the quality of child care settings in their communities is questionable. These providers ask, "Wouldn't it be better for some children, to bring them to a setting that is more structured and less distracting, and where we can provide intensive therapy to address their specific needs?" If the goal of early intervention were to provide intensive therapy as a means of remediating children's developmental delays and correcting development deficits, then settings that interfere with the provision of these services would be questionable. But if our goals are to strengthen the capacity of children, families, and communities, as stated earlier, then early intervention services must take advantage of the many opportunities that present

themselves in these settings. A home setting in which the TV is on, brothers and sisters are present, and so on, provides an excellent intervention opportunity. The therapist can problem solve with the family on how best to embed First Steps services to take advantage of these times. Or, the therapist can re-examine the IFSP outcomes to identify better times to make a visit. The therapist can support the family to learn effective care-giving activities and skills in meeting the child's individual needs. All of these strategies recognize that this is where the child spends most of his day and ensures that First Steps will have an impact on the child's learning, development, and participation.

The same holds true when it may appear that community child care centers and homes are not prepared to address the individual needs of all children. These settings provide therapists with excellent opportunities to:

- educate families on how to locate and choose high quality child care providers,
- consult with and support the child care provider in helping to meet the individual needs of the child with special needs, and
- strengthen the quality of care that child care providers give to all children, including children with special needs.

However, if a particular child care center or home is not appropriate, safe, or capable of addressing the individual needs of a particular child, then families should be encouraged and supported in finding an alternative child care arrangement.



What about family choice?

If a family requests services in a more traditional setting, shouldn't we respect their request?

If this program is about family choice, why wouldn't it be more family-centered to go along with the family's request?

These questions from family members and providers were also addressed in the policy letter issued by James Hmurovich (2000).

Families have the responsibility to determine what types of activities are valuable for their child ... to determine what kind of social interactions their child shall have ... to seek out the activities that meet their individual needs, just as do the families of typically developing infants and toddlers ... Family choice is a crucial element in the First Steps system. However, family choice must be exercised within the parameters of the law. If a family declines to have any service integrated into the natural environment, they must be fully informed that they are choosing not to participate in the public system and will be responsible for any costs associated with the delivery of service(s).

Connecticut guidelines state that, "The federal government has made it clear that one aspect of "choice" is that [First Steps] services are voluntary. Should families desire segregated services they are free to choose them, but the family needs to understand that they have chosen a service other than [First Steps]." (Connecticut Birth to Three System, 1999)

It is our hope that the information provided in this section answers questions concerning the importance of embedding early intervention services into everyday routines, activities, and places. While the law strongly states that services do need to be provided in settings that *are natural or normal for the child's peers who have no disabilities*, the benefits for doing so are significant: increased skill generalization, stronger participation and membership within home and community settings, community inclusion, and a "sense of belonging" for both the child and the family. As one family put it:

The first time we went to the zoo with our occupational therapist, I learned a lot of ways to include our son in the whole experience. I think therapists are less likely to be intimidated or feel like they are asking too much. It was a great learning opportunity for me as a parent to see how to include my son in the real world.

*"We just wanted
our family to be like
everybody else.
Do what they do
and go where they
go and not have it
be a hassle."*



Referral and Intake

The Washington Family

Jim and Donna Washington had anticipated with excitement the birth of their first child. They were devastated with the news that their baby girl was born with a very serious and complex medical condition. In addition to her chronic health condition, the family was informed that Mary might also experience developmental delays.

While their daughter Mary was still in the neonatal intensive care unit, the Washington family was referred to the First Steps Early Intervention System. Emma, the nurse in the NICU explained that a representative from First Steps would be happy to meet with them and explain the program. She offered to phone the First Steps office for them and the parents agreed. Emma gave them a brochure that explained early intervention and the many services available to them and their child.

The next morning, Karen from First Steps called them at the hospital. She identified herself as an intake coordinator and explained that First Steps was a voluntary program of early intervention services offered to parents whose children met the eligibility requirements. If they were agreeable, she would meet with them and talk about First Steps. She asked where it would be convenient for them. If they were spending most of their time at the hospital, would it be alright to meet there or would they rather she come to their home? Jim expressed surprise at this flexibility. Jim and Donna agreed that Karen would meet them the next day in Mary's hospital room, after the doctor had been in for his visit, around 8:30 AM.

After introducing herself, Karen reviewed the information Jim and Donna had read in the brochure from Emma and shared with them a copy of the *Family Workbook*. She explained that the first thing

that would be done was to find out if Mary was eligible for the program and if so, what kinds of early intervention resources or support the family would need.

Because Mary had been born with a diagnosed medical condition and that condition was likely to affect her development, she fit within the state's eligibility category. A team consisting of Karen, Jim and Donna, and at least two other early intervention disciplines would review all of the information available about Mary and make that determination. Once eligibility was determined, and if the family chose to participate, the concerns the parents had about their daughter's development would be discussed. Karen went on to talk about and explain the family's rights. She said that no decisions about services or service providers would be made without the parents' permission, and that all information about Mary and the family would be kept confidential.

Karen explained the First Steps early intervention program could provide a variety of supports and services, all of which help enhance a child's development, within the family's normal activity schedule. Since Mary was still in the NICU, the family could choose to begin services here, and when she was ready to go home, the team would work together to develop a transition plan. The plan would then maintain the continuity of services and supports that were necessary for Mary's progress once she reached home. Because Mary's health might challenge her development, their family had been referred to First Steps. If they agreed that early intervention was appropriate for them, a team of professionals, together with Jim and Donna, would decide what was the best course of action to meet the family's concerns and

priorities. Karen explained that early intervention services were not medical and that Mary would still be under the care of her primary physician. Jim and Donna's number one priority was the health of their baby but if they did not wish to pursue early intervention services at this time, they could decline to participate. If they later changed their mind, they would be encouraged to contact First Steps.

Family Reflections

Donna thought to herself as Karen spoke, this cannot be happening to me, to my baby. What do my rights have to do with anything? This woman seems nice and I know she is trying to help but what about Mary? What will happen to her in all this? Jim finally asked the question Donna had been thinking. "What does this mean for our daughter? What happens next?"

Provider Reflections

As Karen explained the First Steps program she watched the parents faces. They seemed to understand what she was saying and acknowledged that early intervention was necessary for their daughter's well-being. They were more eager to learn about Mary's diagnosis and what they could expect in the future than their rights and procedural safeguards. Like all parents they have dreams for their child and certainly never expected to have to learn about medical procedures and early intervention. How can we support them as they struggle to cope with these changes? How can we enhance their strengths? What will be our strategies to support Jim and Donna as they begin to adjust their lives and routines to address their concerns for their baby daughter?

*"We are starting to
explore some
community activities
but there are still times
when you feel
everybody is looking at
you even though you
know they aren't."*



Strategies for Referral and Intake

As you review the following strategies and rationale, consider the possibility for other activities to support the inclusion of daily routines, activities, and places in your planning.

Component/Step	Who	Strategy	Rationale/Why
Referral	Person making referral	<p>Offer a positive and optimistic overview regarding the philosophy of offering early intervention services where the child lives, learns, and plays.</p> <p>Support the family's wishes for when the referral meeting is made.</p> <p>Encourage the family to take control about where and when their child receives early intervention services.</p>	<p>Families entering the First Steps system begin with the knowledge that services will be available to support their child's developmental needs and their family's preferences within the daily routines of family life.</p> <p>Buy-in by the family promotes follow-through.</p> <p>Families who take control and have an active role in decision-making are more likely to make requests that help them in the day-to-day routines that help them care for their child.</p>
Initial Contact with Family	Intake Service Coordinator	Ask the family for their preference in location for initial discussions regarding their child and early intervention services.	When families identify their personal preferences for meeting location, early intervention providers have a better understanding of where the child typically lives, learns, and plays.
First Visit-Intake	Family members and caregivers	<p>Identify the informal and formal supports that already may be available to the family, including their family physician.</p> <p>The family should be the ones to determine the times, days, and locations preferred for meetings.</p> <p>Ask the family to share information about their child and family. Talk about a typical day, and ask the family about people or agencies with whom they are connected.</p>	<p>Most families feel relief in the realization that there are already people and resources in their lives that will support them in their initial anxiety.</p> <p>This respects a family's present schedule and comfort level with a new service for their child and family.</p> <p>Information from the parent gives an overview of current resources the family has as well as which supports or resources may already be in place.</p>
	Intake Service Coordinator	<p>As families identify their early concerns include the topic of "where and when" in the conversations. Listen to how these concerns for their child impact their daily routines. Address how early intervention can best support the family in their ability to meet their child's needs.</p> <p>Introduce the family to the <i>Family Workbook</i> developed by the Family Perspectives Committee of the ICC and available through their local SPOE.</p>	<p>The family is given the opportunity to share their experiences with their child as well as previous medical, health, or developmental evaluations, describe their concerns and priorities and share information about their child's development.</p> <p>The workbook encourages family participation in the process of choosing team members for determining eligibility as well as ongoing services.</p>

Eligibility Determination

The Tanner Family

Karl and Kim Tanner were scheduled to take Eddy, the youngest of their three children, to the pediatrician for his 9-month well-baby check. They were more than a little concerned about Eddy who was still not able to roll over, sit independently or use his arms much. The physician confirmed that Eddy had a delay in gross motor development and referred them to the early intervention system, First Steps. Karl made the call and spoke with an Intake Coordinator, Shelly. The Tanners agreed to meet with Shelly at their home the following week.

Shelly arrived for their initial visit and described what early intervention was and how Karl and Kim could be involved by identifying their concerns and priorities for Eddy. She brought the required consent forms so the Tanners could give their permission to evaluate Eddy in order to determine if he was eligible for early intervention services. Shelly also talked to the family about what resources were already in place for Eddy and his family.

Shelly and the Tanners then discussed what happens during an evaluation and how they would be involved. The Tanners identified the time of day and place for the evaluation to take place. Shelly explained that the evaluation team would address the concerns that the Tanner's had about Eddy's development. They would also be asked to share their physician's concerns for Eddy's developmental delays.

Shelly talked about some of the early intervention disciplines that could be of help and explained that the providers would try to answer some of the Tanners' questions using a variety of methods and assessment tools. They talked about the time of day that Eddy seemed at his best and who else cared for him that might want to contribute to the assessment.

Shelly explained that Kim and Karl could select the providers who would perform the evaluation and showed them the provider matrix. Because they were concerned about Eddy's movement ability, they selected a physical therapist. While they did have some information from the physician, they still had questions about his overall development so they also selected a developmental therapist. Shelly said each therapist would be in contact with them personally and asked that they sign permission forms for her to share information with the therapists selected.

As part of their planning Kim and Karl reiterated their concerns for Eddy's development and how it might affect their family. The Tanner's had good support from their extended family and both Kim and Karl had jobs that they enjoyed.

It was determined that Eddy was eligible for First Steps early intervention services. The evaluation information, together with information from the family, was used to plan and develop the IFSP. That plan, the family's plan, was individualized and addressed Kim and Karl's concerns about Eddy. They knew it could be adjusted or modified at any time.

Parent Reflections

We were so worried that Eddy might have some serious problems in other areas of his development. Would he be able to talk? Would he ever walk? Could he catch up or would he just fall farther and farther behind as he got older? How would he react to strangers coming to work with him?

I'm glad they let us decide what time of day was best for Eddy for the evaluation and assessment activities. He never does well in the morning. And being at home where he is comfortable is so important. They will see him and how he acts in his every day activities. They even offered to observe him in his childcare program.

Provider Reflections

This family appreciates the importance of selecting an assessment team that will give them the answers they need. They are very concerned that Eddy do well but also want to find out how to help him. It will be important to know who cares for Eddy so we know who else can help with encouraging his development. What are this family's strengths? What are some of their natural supports and resources that we can use? What fits comfortably into their routines? Is there anything special about their culture or lifestyle that we have to accommodate when planning and providing early intervention services?

*“Success was finally
figuring out how to pick
up a Cheerio or drink
from a cup. Or even just
play with her brother at
eye level without rolling
around on the floor”*



Strategies for Eligibility Determination

Below are only a few of the possible strategies to use during the determination of the child's eligibility for First Steps services. Keep an open mind to other opportunities.

Component/Step	Who	Strategy	Rationale/Why
Evaluation and Assessment Planning	Family members and caregivers	<p>The family should be prepared to talk about where the child spends most of his/her time each day. Are there other places that the child should be observed? Where are the locations where the child feels most comfortable and responsive?</p> <p>The concerns the parents have for their child will determine the membership of the evaluation team.</p>	<p>Having the assessment activities occur in the common places and during the typical routines of the child's day increases the likelihood that the evaluation/assessment will be an accurate account of the child's developmental levels.</p> <p>Parents/caregivers want their child to have the best chance of success during assessment activities.</p>
	Intake Coordinator	<p>Support the family in identifying the best time and location for the evaluation and assessment activities to occur. Some good questions might be:</p> <ul style="list-style-type: none"> - Where does the child currently spend his/her day: where does s/he live, learn, and play? - What was the family's plan prior to the identification of the child's special needs? - Who provides care for the child? - Who could provide care for the child? - What are the family's resources and personal supports? <p>Expand on information gathered and consider the advantages and disadvantages of utilizing different locations for evaluation and assessment activities.</p> <p>Offer the family a variety of choices from the provider matrix including who, where, and when services are provided.</p> <p>As part of planning, review the need for assistive technology services and devices.</p>	<p>Directly involving the family in decision-making encourages active participation in the evaluation and assessment process.</p> <p>The natural setting in which the child and family are most comfortable is likely to yield the best evaluation and assessment information.</p> <p>Accurate information regarding developmental levels can be accessed when the child is in familiar surroundings during activities and routines that are comfortable and familiar.</p> <p>First consideration for when and where services are provided must be where the child lives, learns, and plays.</p> <p>Families should make their choice of evaluation team members as the result of accurate information regarding the qualifications and availability of the providers who will determine eligibility.</p> <p>Necessary adaptations and technology can support the child's ability to function where they live, learn, and play.</p>

Component/Step	Who	Strategy	Rationale/Why
Identification of Concerns, Priorities, and Resources	Family members and caregivers	<p>Think about the settings, routines, and activities the child and family engage in and ask the family to share with the intake coordinator:</p> <ul style="list-style-type: none"> - The concerns they have for their child - The priority for what will happen first - The family's hopes and dreams for their child and family - Who else is already involved with the family that will impact the services the child receives - Where the child is receiving care. <p>How is the parent or family member and the child successful or challenged during community activities?</p>	<p>It is important to think about the child's involvement and participation in the family's everyday settings and activities. These can include current and future settings and activities. Doing this helps the family and the other members of the team to identify challenging times that early intervention services may be able to address.</p> <p>Parents need to consider situations in their daily routines, activities and places where their child has opportunities to interact with other children and adults.</p>
	Intake Service Coordinator	<p>Ask the parents to share their priorities and concerns about their child, where do they want our assistance, and where should activities take place?</p> <p>Where shall we begin? How can the First Steps system match the family's identified concerns in locations where they spend time?</p>	<p>Parents have the right to receive services that are needed to promote their child's development.</p> <p>Success is the result of the early intervention team and the family working together to achieve outcomes for the child.</p>
Evaluation and Assessment Activities: Initial and Ongoing	Family members and caregivers	<p>Share information about how the child functions in typical family day-to-day routines. If desired, share family needs within the context of how daily life is being impacted by the child's disability.</p> <p>Family should offer input where evaluation/assessment results do not compare with their observations.</p>	<p>Families who take control and have an active role in decision-making are more likely to make requests that will help them with the day-to-day activities that help them care for their child.</p> <p>Families know their child best, and know when their child is not responding as s/he normally does.</p>
	Intake Service Coordinator, Team members	<p>Specialists should look at the child's development in familiar routines and play-based situations, and engage the family throughout the evaluation/assessment in various ways to ensure the child's best performance.</p> <p>Evaluation reports should indicate where and how the child was evaluated and whether the results were affected by the location.</p> <p>When reviewing IFSP outcomes and strategies, consider whether or not the previously identified learning environment and routines remain appropriate.</p>	<p>Evaluation and assessments conducted where a child lives, learns, and plays provide the best opportunity for the team to identify strengths and needs that are most functional for the child and family.</p> <p>Results of the evaluation/assessment process combine developmental scale information with functional application information that will assist the team in determining the level and direction of services.</p> <p>Intervention plans should be responsive to changes in the child as well as the changing daily routines of family life.</p>

IFSP Planning, Development and Implementation

The Montoya Family

The Montoya family was so proud. Juan and Corrina finally had a son. Everyone was so happy for the parents who already had three daughters. Miguel was perfect in every way except he was so tiny. Someone in the hospital called it “small for gestational age.” A social worker suggested the family talk with a First Steps intake coordinator. The intake coordinator explained the early intervention program and reviewed with the family their rights regarding services for their child and family. She asked them to sign some consent forms and then explained the eligibility criteria for First Steps. She told them that the evaluation information from the hospital would be used in helping to determine their child’s eligibility for help. Following determination of eligibility, the family would be invited to identify their resources, concerns and priorities in a document called the Individualized Family Service Plan (IFSP) which would be used as a guide for both the family and subsequent providers. The IFSP would set the course of activities and services that would support Miguel’s development.

As the intake coordinator and the family talked, the Montoyas expressed several concerns. The baby was so small they were actually afraid to touch him. How could they hold him, feed him and care for him? Now that the family was taking the baby home, these and other concerns were priorities for the parents. The coordinator explained that if Miguel proved to be eligible for early intervention services, other service providers could help the parents with their concerns. A service coordinator would help them access these and other resources as they were needed. She suggested the possibility of utilizing some of the services the family had already found through the hospital.

Once eligibility was determined, the family and intake coordinator set about to write outcomes for their first IFSP.

Both Juan and Corrina worked full time and Corrina’s mother who lived with them would be available part of the time to care for Miguel. Corrina also talked with her family child care home provider who was able to include Miguel two mornings a week for now. He would go full time when an opening was available, and when Juan and Corrina felt comfortable with Miguel’s being gone most of the day. Outcomes were written that included periodic visits by First Steps providers to the child care program in order to include Miguel in the daily routines and activities of the program, and to assist the child care provider in learning to care for his special needs. Grandmama was very nervous about the size of the baby and how to care for him. She would be providing most of Miguel’s daily care. The family wrote outcomes that would address the need for additional instruction for Grandmama. “Grandmama would like to be more comfortable in holding and caring for Miguel.” They agreed that the developmental therapist would visit to model and share strategies for both the family child care provider and Grandmama. In addition, the service coordinator would check in with both on a monthly basis and see if additional information was needed.

Another concern of the family was Miguel’s size. The outcome the family developed was, “We want to make sure Miguel gets the proper nutrition so he grows and develops normally.” While still in the hospital, the family had consulted with Judy O’Malley, a nutritionist, and she was also listed on the provider matrix and was scheduled to come to the family’s house once each month. Because of the family’s work schedule, she would come on Saturday. For 15 minutes Judy talked with the family about their concerns and issues, and for another 45 minutes she modeled feeding strategies and talked with the family about how they would use their family routine, or the child care routine, to implement strategies. Judy asked if the

family wanted her to visit with the child care provider and the family declined, saying they would share the strategies with the provider. Judy had a number of excellent resources that she shared with the family about nutrition, normal growth and development, along with specific strategies for them to try. The family would stay in close contact with their family physician and the newborn follow-up clinic at the hospital if they had any serious problems or questions. The service coordinator agreed to help with obtaining information on typical development. The developmental therapist, along with the child care provider, would help identify activities that each family member could use to enhance Miguel's development.

The first time the developmental therapist came to work with Corinna's mother there seemed to be a lot of confusion and Grandmama appeared distressed. Grandmama wanted to be sure the therapist had a good impression of the family and spent hours getting the house ready. She was so nervous about Miguel in the first place, this made it even worse. It was such a relief to meet the therapist—who actually knew a little Spanish—and was very patient and sensitive to Grandmama's needs. She also talked to Miguel's sisters and showed them things they could do to play with their little brother. Her visits to the child care home were beneficial to both Miguel and the child care provider who was feeling more comfortable sharing her concerns as well as her successful strategies in engaging Miguel in the child care routines and play activities. Ongoing visit notes from both the developmental therapist and the nutritionist were shared among parents, child care provider, and service coordinator, so that everyone on the team felt they had an active and important role. Soon Miguel was gaining weight and growing both in size and in other areas of development.

Family Reflections

While we were so proud of our son we were just as worried about his small size. For a boy this was not good. How could we hold him? Feed him? Care for him? The people in the hospital knew so much and we had never experienced anything like this. Our jobs were very important and both incomes were necessary to support our family. Who would take care of Miguel? How would we ever have time to work with him and all the therapists? What if he never grew? There was so much to learn, we really did not know how we could manage. After working with the team, and seeing how well they treated Miguel, it became easier and easier. They were even interested in working with our child care provider and they treated everyone in the family so kindly.

Provider Reflections

When I first got this referral I was so worried about being able to communicate with the family. Their English is good but what if I said something that was offensive in their culture? The grandmother had limited English so we will need a translator to help us communicate and learn from each other. It is a good thing that Spanish versions of the nutrition and developmental information were available. And even better that the nutritionist could come when the parents were home to help with the explanations. Grandmama was a willing learner and would do anything for her grandson. So would his sisters who pretended to be the developmental therapist when they played with him. It was no wonder Miguel made such progress with all of the attention his family gave him.

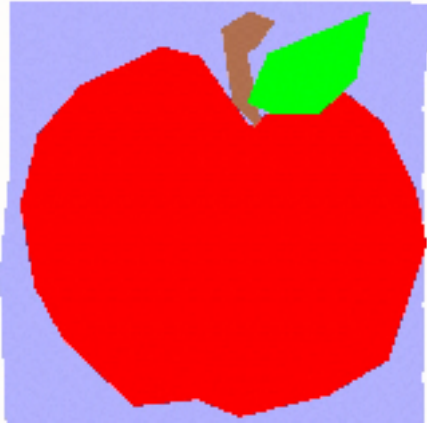
“I am a pretty big advocate of services in the home for the time savings alone.”



Strategies for IFSP Planning, Development, and Implementation

Early intervention providers have many opportunities available to them to talk with parents about their child's routines, activities, and the various places the family visits. Take advantage of these opportunities as you conduct ongoing assessment of the child's progress. Consider how you can implement additional strategies, utilizing information and resources presented during regular visits.

Component/Step	Who	Strategy	Rationale/Why
IFSP	Intake Service Coordinator, Ongoing Service Coordinator	Introduce the concept of the Individualized Family Service Plan (IFSP) as a tool for planning support and an ongoing review of the outcomes and activities that are provided where the child and family live, learn, and play.	The IFSP is a tool for families and early intervention providers to plan and track information, as well as progress toward the family's outcomes for their child. It is an opportunity to review outcomes and be responsive to the changes in the child as well as changing routines of family life.
Identification of Concerns, Resources, and Priorities	Family members and caregivers	Based on the family's concerns, identify needs for support during family routines and set priorities for outcomes and services.	Parents share equally in decision making with specialists.
	IFSP Team	Identify outcomes within the context of the child's natural environments, building on the information received during intake and the strengths and needs identified during evaluation. Identify the intervention strategies, routines, and locations that will facilitate the child's specific developmental outcomes.	Outcomes should be driven by the family's priorities for their child and should be functional within the family's culture and lifestyle.
Development of Outcomes, Strategies, Routines, and Locations	Family members and caregivers	<p>Help the family understand how the settings where (home, child care, playground, etc.) and the times when (bath-time, mealtime, reading, playtime, etc.) the outcomes will be addressed will affect their daily routine.</p> <p>Consider how the family will be involved during the provider's visits and the follow-through of the strategies.</p> <p>Consider activities already tried; consider new activities to generalize learning.</p>	<p>Family routines and location for services must be considered when designing strategies for achieving an outcome.</p> <p>Parents who take an active role in working with their early intervention providers are better able to carry over those strategies to other activities and routines.</p> <p>Different methods of service delivery (e.g., direct service, consultation with caregivers) will assure generalization of new skills in daily activities.</p>



Component/Step	Who	Strategy	Rationale/Why
Development of Outcomes, Strategies, Routines, and Locations (cont'd.)	IFSP Team	<p>The steps and strategies to achieve an outcome are explored by identifying:</p> <ul style="list-style-type: none"> - <i>What will happen</i> in the family's daily routines to support the outcome? - <i>With whom and where</i> in the various settings that the child and family frequent can these steps and strategies be practiced? - <i>Prioritize outcomes</i> that are meaningful, functional, and practical to guide therapeutic objectives and intervention strategies. <p>Consider performing different roles as coach, instructor, or direct service provider, and utilize a combination of intervention approaches during the daily routines of the child and family.</p> <p>After routines are identified and outcomes established, work together to identify activities which fit into those routines and build on identified strengths.</p> <p>Identify the location for the service that maximizes opportunities for the child to generalize learning.</p>	<p>Early intervention strategies are most effective when they are woven into the fabric of daily life; the daily routines, the materials, and the people with whom the family is comfortable.</p> <p>Family members' learning styles are considered when developing intervention options.</p> <p>Activities must be functional and a part of the family's everyday life. Once this process is completed, necessary supports and services should be identified.</p> <p>Children learn better when personal routines and locations are utilized.</p>

Component/Step	Who	Strategy	Rationale/Why
Service Implementation	Family members and caregivers	<p>Share with service providers the strategies that are used to energize or stimulate the child's communication, motor, and play skills.</p> <p>Take advantage of opportunities to learn from early intervention specialists. Practice new strategies with the child in order to build a more positive physical and emotional relationship while improving the child's skills.</p> <p>Consider how the intervention plan supports the daily routine, and address therapeutic needs within the everyday activities of the family. Are any adjustments necessary?</p>	<p>Parents and caregivers have much experience in observing and interacting with the child, and have knowledge of skills that may not have been observed by early intervention providers. Therapists gain first-hand experience of family culture, daily routines, and child-rearing practices.</p> <p>Interactive play between child and parent or caregiver is likely to improve skills as well as enhance the parent/child bonding and family unity.</p> <p>Working within the natural routines and activities of the family expands the opportunities for the child to generalize and internalize learning.</p> <p>Family follow-through is <u>critical</u> to outcome achievement.</p>
	Ongoing Service Coordinator and providers	<p>Consider performing different roles as coach, instructor, or direct service provider, and utilize a combination of intervention approaches during the daily routines of the child and family.</p> <p>Continue to keep in mind the family's daily routine and consider the following when determining the locations for service implementations:</p> <ul style="list-style-type: none"> - the location or activity setting where the child normally demonstrates the targeted skill - the advantages and disadvantages (including safety for the child, family, and service provider) of various locations in which activities may be implemented and generalized - the potential for interaction with children that have no disabilities and their families - opportunities for incidental learning by the child. <p>Structure activities familiar to the child and family in order to support the child's interests.</p> <p>Collaboratively develop therapeutic interventions with all those involved in the child's care and learning and embed them into daily activities.</p>	<p>Family members' learning styles are considered when developing intervention options.</p> <p>Early intervention is most effective when it uses routines, materials, and people common to the family and child. The location selected for services should be one that maximizes the child's and the parents' opportunities to generalize learning, as well as opportunities for informal networking with other families.</p> <p>Children are better able to internalize learning that is natural and functional to their daily routines and activities.</p> <p>Children are more stimulated to learn and will be more apt to internalize learning when they are using familiar objects and are interested in what they are doing.</p> <p>Therapists have knowledge and skills for promoting child development. Involving the parents and caregivers will greatly increase the likelihood that therapeutic activities will be repeated and generalized across settings.</p>

Transition

The Montoya Family

It wasn't long before the Montoya family was comfortable with their team and noticing progress in both Miguel's size and weight. Then a close relative living in another state became ill and the grandmother had to go help with his care. If there was not a full-time opening in the child care home, then one of the parents would have to quit their job to stay home with their son.

There was a full-time spot at the family child care home, and the Montoyas decided that Miguel would go full time with his sister, who was four. The team, including the service coordinator, nutritionist, developmental therapist, child care provider, and the parents, met and a transition plan was developed. Just as she had with the grandmother, the developmental therapist would coordinate her activities with the child care provider so that she could incorporate the skills Miguel was learning in therapy with the activities that were planned by the child care provider. Because the skills were functional, that is, related to Miguel's daily activities, there was no trouble practicing them. Corrina talked with her family child care provider about some of Miguel's other special needs. The therapist would be able to make her regular visits, and the providers would continue to share information, including how to adapt the feeding time at the child care to meet the special needs of Miguel. The child care provider was confident—with the resources and information provided by the other professionals—that she would be able to include Miguel for the full day without any problem.

By the time Miguel reached his second birthday, his height, weight and developmental skills were all age appropriate. It was time for another transition. The family talked to their service coordinator and planned for Miguel to continue in the child care home, but now also to attend a neighborhood preschool

program where his sisters had gone. The program was bilingual and the children could come for two hours either two or three mornings a week. The team decided that Miguel would begin with the two-days-per-week program and if Miguel and the parents were satisfied, they could increase the time. The family planned a celebration dinner to thank their First Steps team for all of their help.

Parent Reflections

Just when we were finally beginning to see improvement, Uncle Carlos took a turn for the worse. With Grandmama leaving to take care of him, our routines would be disrupted and what would happen to Miguel? He was so happy with her around.

Provider Reflections

The family understandably was concerned about the change in caregivers for Miguel. That's why we have a transition plan. Change is part of every family's life and if we plan for it, the transition will be smooth.

Strategies to Plan for Transition

Working together to plan the child's transition assists the family to identify and advocate for continuing services during daily routines and activities in places familiar to the child and family.

Component/Step	Who	Strategy	Rationale/Why
Planning for Transition	Family members and caregivers	Communicate expectations for services to be provided where the child is most successful in learning and play.	Families have the right to advocate for services to be provided in the least restrictive environment for their child.
	Service Coordinator	The transition plan should include information about the current and successful learning environments for the child.	Providers can build upon current successes in identifying additional locations and strategies for supporting development.
	Team members, service providers	<p>Work directly with the child care provider to incorporate therapy outcomes in the child care's planned daily routines and activities.</p> <p>Support the family in identifying specific goals, strategies, and services that will enhance their child's developmental and educational progress.</p>	<p>Early intervention providers are part of the child's collaborative team which now also includes the child care provider. Outcomes become part of what is already planned for the child care and are easily incorporated.</p> <p>Families should know prior to transition that the focus of early childhood special education is educational and child focused. If their child does not qualify for special education, there are quality community early childhood programs that can support the child's development.</p>



Putting It All Together...

So, what does all this mean for children in Indiana who participate in the First Steps Early Intervention System? What long-term effect can we expect by offering services that are respectful of a child's everyday routines and activities? According to experts in the field, much is at stake. Imagine for a moment, what can happen when parents and providers partner together to determine a set of outcomes with a plan of service that reflects the family's needs, cultural values, schedule and preferences, the child's developmental progress, and the team's best thinking. Imagine an individualized plan with activities that are flexible and responsive to the child's developmental needs and occur when and where the child learns best.

Preparing for a bright future

Picture a community where everyone belongs. Where no one is left out. Where everyone accepts each other as they are, without question or judgment.

Out of the question you say? Perhaps not. The vision of the Indiana First Steps Early Intervention System seeks to support families in making informed choices about the supports and services they access for their children. Involvement in the early intervention system sets the stage for the child's future in his or her community. What would happen if all services and supports provided to families were offered in support of their daily routines and activities? How different might the future look?

Imagine this conversation . . .

Provider: "Next year when your child goes to your local school down the street, she'll be able to meet a lot of children her same age."

Parent: "Wait a minute! Do you mean she can go to our local school and not a special school?"

Provider: "Of course she'll go to your local school. Why wouldn't she? Let me tell you about schools today. Things are much different than when you and I went to school. Now all children are included with their same age friends...."

Things *are* different today. We live in communities with understanding and caring individuals who realize how important it is to support children and their families to be successful in their daily routines and activities—how they live, learn and grow.

Picture services provided to families that support their children to be successful in whichever places they typically live, learn, and play. Providing services in the "natural environment" means helping children and their families where they would typically be. Where do Infants and toddlers live, learn, and play? Some do so in their homes, others at their relative's homes, some at child care centers or family child care homes, and others in community places such as playgrounds, stores, libraries, etc.

Is "natural environment" synonymous with "home"? Not necessarily. All children live, learn, and play in a variety of possible community settings that might include home, but can include much more. IFSP teams are challenged with helping the family to identify their needs in supporting their child's developmental progress wherever they are. They then must craft interventions that aid the family and the child's caregivers to achieve their best for the child.

How will teams know if early intervention supports are consistent with the concept of natural environments? Consider these questions:

- Does the IFSP reflect the dreams, hopes and expectations of the family?
- Are the services and supports identified in the IFSP respectful of the family's daily activities?
- Do services and supports occur in a variety of settings depending on the individual needs and daily routines of the child?
- Is the IFSP written using words that **all** team members understand?
- Do providers refrain from putting clinical goals and objectives into the IFSP? Are these goals in provider's clinical plans instead?
- Are services and supports planned with respect to siblings and other family member's needs?

Imagine this scenario . . .

Kim and Karl Tanner meet with their Service Coordinator, Shelly, who talks about the First Steps Early Intervention System. Kim and Karl have hopes, dreams and questions about their son Eddy's future. As they begin to learn about early intervention, Shelly talks about possible supports and helps Kim and Karl verbalize their concerns for Eddy. They talk about what Eddy does, where he spends his time, and they consider the family's daily schedule. Shelly helps them begin to consider how early intervention will fit into their lives and, as a team, they begin to formulate some questions about how early intervention services can support Eddy's progress. Because both Kim and Karl want to continue their professional careers, their long term goal is to go back to work. Right now Kim is staying at home with Eddy but foresees using a local day care center when she goes back to work.

At the IFSP development meeting, the whole team listens carefully to the Tanners as they share their ideas, concerns and questions. They use the IFSP forms and process to develop several outcomes that capture Kim and Karl's hopes and expectations for the next several months. The team discusses possible strategies that will help accomplish the outcomes. Then they brainstorm all of the possible resources such as, family members, child care providers, parent support groups, information resources, the library, and other community programs that might be accessed. Only then does the team talk about early intervention services that can also be utilized and agrees on a comfortable schedule that nicely accommodates the family's desire to lead a typical lifestyle.

Each provider who becomes part of this family's plan becomes a consultant to Eddy's caregivers as they work to help him reach his developmental milestones. Services are provided in a variety of settings including Eddy's home, his child care center, the neighborhood park and the local library. Kim and Karl are excited about the support they receive from their early intervention team as they work toward the dreams they hold for Eddy.



Working together.....

In Indiana, we are committed to the development of a system of services that respects and honors families and their needs. Successful outcomes depend on successful team planning. Successful teams require good communication and trust. Working together we can realize our outcome of a family-centered, community-based, system of services for all Indiana children.



As the team creates the Individualized Family Service Plan, use this exercise with the family to help identify and clarify their dreams and expectations for their child's future.

Picture your child in the future. What dreams, hopes, and expectations do you have? What will your child do as she grows older? Where will he be? List your dreams and share them with your team.

Are you willing to take the challenge? Are you open to working with children and families in the role of consultant? In the role of coach? As an instructor? As a therapist? As a partner with the family? Providing early intervention services during natural routines, activities, and places challenges us to consider our own values and practice beliefs. We have the opportunity to effect change in new ways that will truly support children's development within the context of their families and communities.

Ann and Rud Turnbull of the University of Kansas suggest:

It is time—yes, it is past time—to recapture the revolution. But it has to be a different revolution—one focused on ... individuals with disabilities 'getting a life' at the same 'standard' and 'rhythm' of living as enjoyed by citizens without disabilities. And the revolution has to place equal value on professional knowledge from research and experiential knowledge from families and self-advocates. (Turnbull, pp. 393-394).

Embracing the notion of supports and activities in children's typical daily routines—where and how they live, learn, and play—IS the right path for our early intervention activities. Please join in the opportunity to make a significant difference in the lives of young children and their families.

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One of the Family. Distributed by Western Media Products 1-800-232-8902 / <http://www.media-products.com>

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Policy Statement

Family & Social Services Administration, Division of Family and Children



"People
helping people
help
themselves"

Frank O'Bannon, Governor
State of Indiana

Division of Family and Children
402 WEST WASHINGTON STREET
INDIANAPOLIS, IN 46204-2739

Peter A. Sybinsky, Ph.D., Secretary

April 11, 2000

To: First Steps Providers
LPCC Chairs
LPCC Coordinators
SPOE Staff
Directors, Local Offices of Family and Children

From: James M. Hmurovich, Director
Division of Family and Children

Re: Natural Environments

Introduction

The provision of services in the natural environment has been a federal regulation since 1986. The re-authorization of the Individuals with Disabilities Act and the revision of the federal regulations regarding Part C on April 14, 1998 challenged states to review programmatic and fiscal policies as they relate to service provisions in natural environments.

Indiana is committed to meeting the regulations, as well as upholding the spirit in which they were drafted. The implementation of policy guidelines related to "Natural Environments" must be accomplished in a logical, common sense manner, which respects the individuality of families and the unique needs of children while continuing to provide quality services in an efficient manner. As with all decisions relating to the provision of service for a family or child, utilization of a multidisciplinary team process shall occur.

Definition

Federal law defines "Natural Environment" as, "settings that are natural and normal for the child's same age peers who have no disabilities" (34 CFR 303.12(b)(2)). Federal law does not require the involvement of peers in the service delivery system, but rather that early intervention

services occur within the context of the natural routines and activities of the family. In addition to the written definition, each state is charged with responsibility for the development and implementation of policies to comply with Federal regulation. The implementation of policy related to natural environment must focus on helping infants and toddlers achieve appropriate developmental outcomes. We all agree that this should be done in a common sense manner, on an individual child basis, and be based upon a multidisciplinary team process. This process includes identifying:

- the routines of the family and individuals involved in the child's development,
- the activities that are important to the family (including activities that they currently enjoy, as well as those activities that they would like to do but are unable to participate in due to the developmental delays or disability that their child presents) ; and
- the skills that are essential for the child to attain and that are generalized to a variety of naturally occurring, typical routines that the child is engaged in on a daily basis.

Implementation

As with all early intervention practices, an individual approach must be adopted. The process of identifying the natural environment is to begin with a discussion with the family that identifies the daily routines and activities of their child and their family, including the family's schedule and other activities and demands. The discussion must identify the activities within the child's or the family's routine that are important and need to be enhanced in order for their child to be successful. The team, including the parent, is to discuss and select those activities that will most appropriately support the outcomes identified in the child's Individualized Family Service Plan (IFSP). In doing so, the team is to consider the following questions:

- Does the environment where service will be provided support the child's participation in the daily activities and routines of their family in community settings where children live, learn and play?
- Will the child's primary caregivers have the ability to interact during service delivery with their child and provider so they can model and reinforce behaviors in daily activities and caregiving between appointments?
- Does the environment allow the child to experience a variety of sensory and physical stimuli that can enhance the child's responsiveness to the service?
- Does the environment foster the use and development of natural supports in a family's social and cultural network and promote the family's integration into community life?
- Does the environment support the acquisition of skills in the child and family's daily routines?

It is the IFSP team that makes the decision about **where** services will be provided. No individual team member can determine the setting. Only when the team cannot effectively provide services within the child's routines is discussion to occur regarding the provision of services in

another setting. Personal preferences or convenience for providers or family are not acceptable justification for services being delivered outside of the natural environment. Justification for providing services in a setting outside of the child's natural environment must include sufficient justification and rationale to support the team's decision that the child's outcomes could not be met even with supplemental supports including assistive technology. This justification must discuss how efforts to provide services in the natural environment were conducted and why these have been determined by the team to be unsuccessful. The justification must include a plan for how services provided in any specialized setting will be generalized into the child's daily routines and activities. At each six month review or annual IFSP, this decision must be reviewed following the same procedures.

Family Choice

Questions have been raised regarding family choice of setting. Families have the responsibility to determine what types of activities are valuable for their child. Each family has the responsibility to determine what kind of social interactions their child shall have and to seek out the activities that meet their child's individual needs, just as do the families of typically developing infants and toddlers. Families also must determine what kinds of contacts they want with other families to fulfill their needs. The service coordinator is available to assist families in locating parent support groups to facilitate family to family contact. Opportunities for family members, including siblings, to participate in parent groups are an important component of First Steps. This service is to be discussed and made available separately from the discussion of other IFSP services. Providing family groups while children are receiving therapy has been especially cited by the Office of Special Education Programs as inappropriate and in violation of both the natural environments requirement as well as contrary to family centered principles. Often it is heard that center based services offer the family the opportunity for respite services, which they need. Respite Care may be critical to the attainment of service goals, but so is parental involvement and interaction. If a family is in need of respite services, the service coordinator is to assist with appropriate referrals and supports and is not to use other IFSP services in lieu of respite care.

Family choice is a crucial element in the First Steps system. However, family choice must be exercised within the parameters of the law. If a family declines to have any service integrated into the natural environment, they must be fully informed that they are choosing not to participate in the public system and will be responsible for any costs associated with the delivery of service(s). If the family disagrees with the decision of the team, they must be informed of their due process and procedural safeguards rights under Part C.

Implementation of Transition to Natural Environments

Effective June 1, 2000, service coordinators will work with IFSP teams to review the current site of service delivery. It is expected that at the next 6 month review or annual IFSP, each service location should be reviewed to meet the guidelines set forth through the natural environment

IFSPs will be in compliance with state and federal regulations. In order to effect a thoughtful transition to natural environments for enrolled children and their families, early intervention services that are currently provided in a clinic or center based setting will continue to be financially supported through the review process.

In addition to the individual reviews for each IFSP, it is expected that each county include discussion regarding natural environments in their agenda for council business. This is an important function of each LPCC in their obligations for resource development and community engagement. If counties or providers have questions or would like additional technical assistance, please contact your First Steps consultant. The Division of Family and Children staff, in conjunction with all our service providers, is committed to providing Indiana's families and children with the highest quality of early intervention services, and to supporting First Steps practitioners to ensure that this happens.

Thank you for your dedication and commitment to the families and children you serve.

cc: DFC Regional Managers

Position Paper

Governor's Interagency Coordinating

Council on Infants and Toddlers

Governor's Interagency Coordinating Council on Infants and Toddlers Position on Natural Environments in Indiana: Early Intervention in the Family's Everyday Activities

Introduction

Indiana's First Steps is a system of services and supports for families and their infants and toddlers with disabilities or developmental delays. Its mission is to ensure that all eligible families have easy access to comprehensive, coordinated services that address their individual needs. Administered by the Bureau of Child Development within the Division of Family and Children of Indiana's Family and Social Services Administration, the goals of First Steps include:

- enhancing the capacity of families to support their children's well-being, development, learning, and full participation in their communities;
- enhancing the willingness and capacity of communities to welcome, fully include, and support children with disabilities and their families; and
- insuring that children with disabilities grow up with opportunities to experience the same long term outcomes as everyone else—health and wellness, choice and autonomy, membership within their families and communities, and a strong sense of personal respect, value, and satisfaction.

Currently, First Steps is working to advance the provision of early intervention services in *natural environments*. Currently, there are family members and providers who are confused about this term and are unsure of where and how services should be provided; or are uncertain that services in the natural environment are appropriate for some children and families. Discussions concerning natural environments have typically focused on *where* services are to be provided, or have simply defined the natural environment as the *home*. In response, the Governor's Interagency Coordinating Council on Infants and Toddlers has put together this brief document to articulate its beliefs and recommendations concerning the provision of early intervention services in natural environments.

It is the belief and recommendation of the Governor's Interagency Coordinating Council on Infants and Toddlers that:

*Services and supports are most effective when they are provided within the context of families' everyday routines, activities, and places. While **where** and **when** services are provided are essential elements in providing quality services in natural environments, equally important are the elements of **what** and **how** services are delivered. Therefore, services provided in these everyday routines, activities, and places, must also be developmentally appropriate and relevant to families' lives.*

This position is derived from many sources, including what families tell us about their experiences, research findings, advances in practice, and legislative policy. Together, these sources provide the following *guiding principles* that help direct our efforts in providing early intervention services and supports in everyday routines, activities, and places:

1. All children are unique, with individual strengths and talents. The presence of a disability or special need is not the defining characteristic of any child.
2. Everyday routines, activities, and places offer countless opportunities for children to learn and develop.
3. Children grow and develop in the context of relationships with their families and other caregivers.
4. All children have the right to belong, to be welcomed, and to participate fully in the typical places and activities of their communities.

5. Children with and without special needs learn important things from one another.
6. The lives of families are enhanced when they are successful in maintaining their everyday lives and relationships.
7. Services and supports are most effective when they lead to outcomes that benefit children and families over their life span, and reflect how we want people with disabilities to be treated.

We hope you find this information helpful in understanding and designing early intervention services that are developmentally appropriate, relevant to families, and take place in everyday routines, activities, and places.

Key Concepts

Quality early intervention supports and services require the establishment of several key concepts. Services must be provided in everyday routines, activities, and places. They must also be developmentally appropriate and relevant to families' lives.

Early Intervention Supports and Services Can Be Successful in Everyday Routines, Activities, and Places

Early intervention supports and services should be delivered in settings and during activities which are determined by the child's needs, the desired functional outcomes, and the family's life-style and routines. Family routines are the usual events that are customarily a part of families' schedules. These routines might include meal time, bath time, play time, car rides, and naptime. Everyday activities that a family does with their infant or toddler might include such things as having fun at the playground, going for a walk, spending time with friends at a playgroup, shopping, and going to the library. Everyday places are those that families and typically developing children frequent, day-in and day-out, including the home, the neighborhood, and community programs such as a recreation center, library, park, or store.

Supports and services should:

- Occur in the child's regular environments;
- Include the child's siblings, care providers, other family members, and friends;
- Discover the child's talents and gifts and support them in the context of typical play and relationships;
- Apply specialized expertise to adapt and accommodate routines, activities, and places to support the child's full participation and learning.

Early Intervention Supports and Services Must Be Developmentally Appropriate

It is well founded in both research and practice that developmentally appropriate practices enhance learning and development for all children. Developmentally appropriate practice is the process of families and professionals planning and providing supports and services based on:

1. knowledge of child development and learning;
2. the strengths, interests, and needs of each individual child; and
3. an understanding of the social and cultural contexts in which each individual child lives to ensure that learning experiences are meaningful, relevant, and respectful for that child and his or her family. (Bredekamp & Copple, 1997)

It is through the integration of these three aspects that decisions are made regarding the best ways to meet a child's needs and support their participation in everyday life.

Early Intervention Supports and Services Must Be Relevant to Families' Lives

A primary purpose of early intervention is to enhance the capacity of families to support their children's development and

learning. In order to achieve this, supports and services need to be relevant to families' lives. Early intervention services need to address families' concerns, priorities, and resources as well as "fitting" the context of their culture, life-style, and schedules.

Providers need to focus on this relevancy from the very beginning of their relationship with a family, from the initial stages of identification through the development of an Individual Family Services Plan (IFSP). Service providers can keep their supports and services relevant by listening to, and planning with, families. Through conversations focused on the perspectives of the entire family, practitioners can learn what family members currently do and want to do in the future, key individuals in their lives, and how best to blend early intervention services and supports so that children participate fully and families can maintain ordinary lives and relationships.

Challenges to Natural Environments in Indiana – The ICC has identified several challenges that impact full compliance with natural environments in Indiana. The potential barriers are outlined here with the following section describing solutions and/or concepts that demonstrate successful implementation.

- A. Conflicting philosophical perspectives – Families and providers have been used to receiving early intervention services in a medical model which traditionally features services being delivered in a hospital or other clinical setting. Services under this model have tended to be more clinician-directed and less family-directed. In order to make the transition from providing services under the medical model to integrating services into the child's everyday routines, both families and providers must alter the way they view service delivery in early intervention. (*See 1,2,3,5,8 below*)
- B. Family Expectations – Families rely on their early intervention providers to help them transition into the system. The way in which natural environments are introduced will have an impact on how families respond to the way services are delivered. For those families already in the system, they may feel apprehensive about the perceived change in the way their services are delivered. They may feel a loss of comfort in the initial stages of the transition to routine-based intervention. (*See 2,6,7,10 below*)
- C. Dealing with misperceptions – Everyone involved in the First Steps system has their own interpretation of what it means to provide service in a natural environment. This has created many misperceptions, confusion, and apprehension around the implementation of providing services within a child's everyday routines. (*See 1,2,3,7,8,10 below*)
- D. Logistical issues – Because providing routine-based intervention takes place in the child's everyday activities and routines, there are some logistical problems that are unique to this type of therapy. These include expenses incurred from no show appointments and mileage accumulated driving to and from therapy sessions (especially in rural areas). (*See 9,12,13 below*)
- E. Finding socialization opportunities (family and child) – During the first three years of a child's life, socialization with others is very important to that child's development. In some rural areas in particular, the ability to find appropriate social interaction activities for children in this age range and their families is a concern. (*See 2,4 below*)
- F. Families with special/multiple challenges – Some families enter the early intervention system with special challenges to providing routine-based services. These may include situations such as families and childcare providers who do not want strangers in their home, to families who are experiencing a very chaotic or even unsafe home environment. (*See 6,8,11,14 below*)

Principles characterizing successful implementation of natural environments

- 1. The concept of natural environments should be embedded in all materials and in every discussion with families. The service coordinator should address how early intervention can best support them in their ability to meet their child's needs. These discussions begin at intake and continue through evaluations and IFSP development. Reviews and revisions of the IFSP should talk about and focus on concerns within the context of functional daily routines. (*See A,C above*)

- 2. A child's home is one example of a "natural environment", but children and families participate in a variety of community activities in other locations that are natural for them as well. If the family does not want services in their home, another location that is also a natural environment for the child can be sought where the identified needs can be addressed. (*See A,B,C,E above*)
- 3. The location of services cannot be determined based on category of disability, configuration of the service delivery system, availability of services, availability of space, payer, or administrative or service provider convenience. (*See A,C above*)
- 4. Natural groups are groups of typically developing children, which would continue to exist if the children with disabilities were removed. (*See E above*)
- 5. Service providers should value preserving the family's typical routines so that they make their supports and services "fit" the family instead of making the family "fit" the services. (*See A above*)
- 6. If parents and other caregivers have been involved in planning and have learned to incorporate the suggested activities into daily routines using available materials in the natural environment, each child will get more opportunities to experience and practice the new skill. (*See B,F above*)
- 7. Outcomes should be identified first. The steps and strategies to achieve an outcome are explored by identifying (1) what will happen in the family's daily routines to support the outcome; and (2) by whom and where in the various settings that the child and family frequent can these steps be practiced. (*See B,C above*)
- 8. Service providers should serve as consultants and use their knowledge and expertise to help others who are part of the child's daily environments learn to facilitate learning opportunities to assist the child in achieving outcomes. Family members and other key individuals involved in the child's daily routines have strengths and expertise that can assist the child in achieving the IFSP outcomes. (*See A,C,F above*)
- 9. The decision about location is made by the IFSP team to meet the child's individual needs. No individual member of the team can unilaterally determine the environment for service delivery and the "preferences" of one team member cannot be considered acceptable "justification" for not providing services in the natural environment. Every effort should be made to elect an environment that the entire IFSP team, including the parent, supports. (*See D above*)
- 10. There is nothing inherently medical about early intervention services. When families are presented with a developmental and natural environment model, they will likely become involved and invested in that process. The current barrier of families perceiving a loss of the medical model will be eliminated through the conversion process. (*See B,C above*)
- 11. The choice of service delivery setting must not be influenced by providers' personal values regarding lifestyle, cleanliness or parenting practices. The setting for service delivery must always be based on the best interests of the child and the outcomes to be met. (*See F above*)
- 12. In response to the challenge of whether or not the no-show rate increases or decreases in natural settings, data analyzed for 1997 and 1998 shows services conducted in natural environments are utilized at a 5% higher rate than services provided in center-based settings. (*See D above*)
- 13. The issue of economics has been raised as more providers conduct services outside of clinical facilities. Indiana has always offered an incentive to providers who go "off-site" to deliver early intervention services. Those providers are compensated at a higher rate than providers who remain "on-site." All early intervention provider payment rates are reviewed periodically to determine cost effectiveness and system solvency. First Steps will continue to monitor provider rates and make revisions as appropriate. (*See D above*)

- 14. Early intervention supports and services must be relevant to families' lives, while taking into account a family's concerns and priorities. Providers need to focus on this relevancy within the context of that individual family's culture and lifestyle. However, when environments are less than ideal, it is the role of the provider to develop a trusting relationship with the family so they see the value of change in order to maximize the development and learning capability of their child. *(See F above)*

ICC Vision for the First Steps Early Intervention System

Our goal is to provide a family-centered, comprehensive, coordinated, neighborhood-based system of services for infants and toddlers with disabilities and their families. To this end we:

- Involve families in the development, implementation, and evaluation of the service system;
- Make services easily accessible and widely dispersed throughout the community;
- Offer choices to families that are typical of the choices available to all families of young children;
- Offer services that are culturally sensitive and tailored to individual family priorities;
- Offer services that exemplify best practices in early intervention and remain accountable for the quality of these services by evaluating them in terms of process and outcome;
- Respect families by acknowledging that they are the primary constant in the child's life and by helping them to make choices, as well as supporting them as they implement those choices, even when we disagree with them;
- Focus on prevention of, as well as intervention for, disabilities among infants and toddlers, keeping in mind that the ultimate goal is to maximize the potential of children so that they can function as contributing members of society as adults;
- Creatively use existing resources and seek additional resources to maximize service options for families and to fairly compensate staff for providing services.

Defining Natural Environments

This position paper was developed in accordance with the federal definition of natural environments as seen in the Individuals with Disabilities Education Act, Part C, 34CFR, 303.12 Early Intervention Services:

(b) Natural Environments: To the maximum extent appropriate to the need of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.

(Authority 20 USC 1401(1) and (2); 1432 (4); As amended 63 FR 18294, April 14, 1998)

References

The key concepts section (page 2) is being used with permission from: Edelman, L. (Ed.) (1999). A Guidebook: Early Intervention Supports and Services in Everyday Routines, Activities, and Places in Colorado. Denver: Colorado Department of Education. This publication was developed by Babies BELONG, an initiative of Early Childhood Connections, Colorado Department of Education, Colorado's Infant/Toddler Initiative for Part C of the Individuals with Disabilities Education Act (IDEA), under a grant from the U.S. Department of Education, #H181A990097 and JFK Partners, University of Colorado Health Sciences Center.

Portions of the successful implementation statements were gleaned from the IDEA Infant & Toddler Coordinators Association draft position paper on Natural Environments.

Position Paper

IDEA Infant and Toddlers Coordinators Association

Position Paper on the Provision of Early Intervention Services in Accordance with Federal Requirements on Natural Environments

April 2000¹

The purpose of this IDEA Infant and Toddlers Coordinators Association position paper is to provide, in one document, a comprehensive policy and practice statement about the provision of early intervention services as part of the routines and daily activities of young children with disabilities and their families to meet the natural environments requirements of Part C of the Individuals with Disabilities Education Act (IDEA). This paper includes a set of principles that characterize successful early intervention in natural environments, the relevant federal requirements, and additional statements from the Office of Special Education Programs (OSEP). The Association believes that:

- Providing services in natural environments is not just the law, but more importantly, it reflects the core mission of early intervention, which is to support families to provide learning opportunities for their child within the activities, routines, and events of everyday life;
- Early intervention should be a truly family-centered process that ensures young children with disabilities and their families receive early intervention services and supports as part of their daily routines and activities;
- A child's parents and other family members are usually the primary individuals supporting and nurturing the child's growth, development and learning;
- Appropriate to their needs, young children with disabilities have a right to receive services in the natural settings of their home or places in which children without disabilities participate in order to increase the opportunities for all children to learn, play, and interact together;
- These requirements are consistent with the IDEA, Part B preference that services for children with disabilities beginning at age three be with typically developing peers; and
- It is essential that the early intervention services system be consistent and align with other federal initiatives relating to Head Start, Child Care, Maternal and Child Health, and the Americans with Disabilities Act

Therefore, the Association fully supports the provision of early intervention services within the context of families' activities and routines in meeting the natural environments requirements under Part C of IDEA

¹ After review and feedback from the IDEA Coordinator's Association membership, the Board of Directors approved the position paper on April 3, 2000.

Principles Characterizing Successful Implementation

- a. The concept of providing early intervention services as part of the routines and daily activities of children and families is embedded in all written materials related to early intervention, and in every discussion with families and service providers. These discussions begin at the initial contact and continue through the entire process of service delivery and focus on functional participation in daily routines and activities. The Individualized Family Service Plan (IFSP) team values preserving the family's typical routines and "fits the family" instead of making the family "fit the services".
- b. Early intervention services support or enhance the child's participation in daily activities and in the routines of their family in community settings where a child lives, learns, and plays.
- c. Children and families participate in a variety of community activities that are natural for them including those that occur in their home. Therefore, if the family does not want services in their home, another community setting is identified where the child's needs can be addressed.
- d. Providing early intervention within activities (bathtime, mealtime, reading, playing, etc.) That occur in natural settings (home, childcare, playground, etc.) Offers opportunities for the child to learn and practice new skills to enhance growth and development.
- e. Natural groups of children are groups that would continue to exist with or without children with disabilities. Groups that are not "natural groups" include playgroups, toddler groups or child care settings that include only children with disabilities. However, even the most "natural" of groups is not a natural setting for a particular child if it is not part of that child's family's routine or community.
- f. Service settings that are not "natural settings" include clinics, hospitals, therapists' offices, rehabilitation centers, and segregated group settings. This includes any settings designed to serve children based on categories of disabilities or selected for the convenience of service providers.
- g. The provision of services in natural settings and during daily routines and activities fosters the use and development of natural supports in a family's social and cultural network. This promotes the family's full participation in community life.
- h. Family supports are individualized and based upon each family's daily activities and routines as well as their strengths, resources, and needs.
- i. When parents and other caregivers begin to identify learning opportunities and incorporate suggested interventions into daily activities and routines, using available materials in the environment, the child has more opportunities to experience and practice new skills.
- j. In developing the IFSP, outcomes are identified prior to determining how early intervention services will be provided. Determining intervention strategies begins with identifying and understanding the family's routines and daily activities. Services and supports are provided within these activities to maximize the child's opportunities for learning and practicing new skills.

- k. The primary role of service providers is to serve as consultants, identify key individuals (i.e., parents, care providers, teachers) across environments, and use their knowledge and expertise to help others who are part of the child's daily environments facilitate learning opportunities in natural settings that assist the child in achieving IFSP outcomes.
- l. The IFSP team makes the decision about where the early intervention services within the daily activities and routines of the child and family are provided. No individual member of the team may unilaterally determine the setting for service delivery. The preferences of one team member cannot be considered acceptable justification for not providing services in natural settings. Every effort is made to select a setting that the entire IFSP team, including the parent, supports.
- m. Justification for providing services in a setting outside of a natural environment includes sufficient documentation to support the IFSP team's decision that the child's outcome(s) could not be met in natural settings even with supplementary supports. This justification includes how the services provided in a specialized setting will be generalized into the child's daily activities and routines. It also includes a plan with timelines and the supports necessary to return to early intervention within daily activities and routines.
- n. The concept of providing early intervention services within the child and family's daily activities and routines is promoted through all public awareness strategies and activities.
- o. Inservice and preservice activities include curriculum and objectives to build awareness and understanding of how to identify learning opportunities and to provide early intervention services within the daily activities and routines of children and families in which learning naturally occurs.
- p. All Part C contracts, grants, and memorandums of understanding are written in a language to reinforce early intervention in natural settings and as part of the normal daily activities and routines of children and families.

Federal IDEA Part C Regulations

The following are the relevant sections related to natural environments from the IDEA Part C regulations at 34 CFR Part 303:

- "To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate." (34 CFR 303.12(b))
- Each state participating in IDEA, Part C must establish and implement "policies and procedures to ensure that—
 (1) To the maximum extent appropriate, early intervention services are provided in natural environments; and
 (2) The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment." 34 CFR 303.167(c)
- "Natural environments means settings that are natural or normal for the child's age peers who have no disabilities." 34 CFR 303.18

- Each IFSP must include a statement of “the natural environments, as described in § 303.12(b), and § 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which services will not be provided in a natural environment;” 34 CFR 303.344(d)(ii)

Additional Statements from US Department of Education, Office of Special Education Programs (OSEP)

OSEP has issued a number of policy letters that clarify questions posed from states related to early intervention services and natural environments. The following is a summary of several of those letters:

- **Letter to Heskett, Missouri, May 26, 1999**

Digest of question: Can the IFSP team decide to provide early intervention in a program which provides services only for infants and toddlers with disabilities without a determination that the environment is necessary to satisfactorily achieve appropriate outcomes for the child?

Selected text from the response: “. . . For the provision of services in a setting outside of a natural environment to occur, the Part C regulations require a determination by the IFSP team that an infant or toddler cannot achieve identified early intervention outcomes satisfactorily if services are provided in a natural environment, and a justification for such an exception in the child’s IFSP.”

Digest of question: May a family choose to receive early intervention services in a center-based program which provides services only for infants and toddlers with disabilities, if that family determines the center-based program is best for their child and family?

Selected text from the response: “. . . Although Part C recognizes the importance of, and requires, parent involvement throughout the IFSP process, Part C does not relieve the State lead agency of its responsibility to ensure that other regulatory and statutory requirements, including the natural environments provisions, are met. While the family provides significant input regarding the provision of appropriate early intervention services, ultimate responsibility for determining what services are appropriate for a particular infant or toddler, including the location of such services, rests with the IFSP team as a whole. Therefore, it would be inconsistent with Part C for decisions of the IFSP team to be made unilaterally based solely on preference of the family. The State bears no responsibility under Part C for services that are selected exclusively by the parent; however the State must still provide all other services on the IFSP for which the parents did consent.”

- **Letter to Yarnell, Pennsylvania, October 19, 1999**

Digest of question: Can the fact that receiving some services at a center with other families and their special needs child provides opportunities for parents to meet while participating in therapy be considered an appropriate justification for providing some service in a setting other than a natural environment?

Selected text from the response: “. . . We share your concerns for the isolation and for the networking and training needs of parents. These are particularly important family needs and should be addressed by the IFSP team as a part of the development of the child’s IFSP. . . .any justification for the child’s services to take place in a setting other than a natural environment must relate to the child’s individual needs. Nothing in the law precludes such services from being provided in settings that include other children with disabilities as well as non-disabled children, as long as the requirements of Part C are met, so that many opportunities may exist for parents of children with disabilities to interact. Because a parent’s need for time with other parents of children with disabilities can be successfully accommodated in the natural environments where the child receives services, or in separate meetings, this parent need can not be used as a justification to deny the child the appropriate services in natural environments.”

Digest of question: When the focus is on parent training, is this considered an appropriate justification for providing service in a setting other than a natural environment?

Selected text from the response: “. . . For services directed solely at the parent such as parent support, those services are not required to take place in a natural environment. No justification, therefore, is needed on the IFSP. Such services solely for the parent, however, cannot be used as a justification for providing services to the child in other than natural environments.”

- **Letter to Elder, Texas, July 17, 1998**

Digest of question: If the IFSP team determines services can be satisfactorily achieved in the natural environment, does it violate Part C to provide services in a setting selected by the parent, which does not meet the definition of a natural environment even if the parents are incurring the cost of the setting?

Selected text from the response: “. . . If the parents do not consent to a particular location for a service specified in the IFSP, the State may not use Part C funds to provide that service in a location different from that identified on the IFSP. The parents are free to reject any service(s) on the IFSP by not providing written consent for that service(s) or by withdrawing consent after first providing it. If the parents do not provide consent for a particular early intervention service, which also includes the location, that service may not be provided. . . .”

Digest of question: Can the state use state funds to provide services in settings other than those determined to be appropriate in the IFSP?

Selected text from the response: “. . . All funds used to implement the early intervention system under Part C must be used consistent with Part C. Thus, the State **cannot** circumvent the requirement to provide early intervention services in natural environments by using State funds that are budgeted for early intervention services under Part C and used to satisfy the nonsupplanting requirement. State and local funds used in a way inconsistent with the requirements of Part C may not be considered in determining whether a State has met the standard regarding supplanting in 34 CFR 303.124(b).”

- **Letter to the Honorable Lynn Woolsey, California, March 21, 2000**

Digest of the letter: In response to concerns raised by constituents, the Honorable Lynn Woolsey requested clarification from the U.S. Department of Education on the interpretation of the definition of natural environments. Specifically, does natural environments “mean only settings where children without disabilities are present and participate” and can programs such as those conducted by a hospital be excluded as a provider of early intervention services because it did not meet the definition of natural environments?

Selected text from the response: “. . . In general, providing services in a setting limited exclusively to infants and toddlers with disabilities would not constitute a natural environment. However, if a determination is made by the IFSP team that, based on all relevant information regarding the unique needs of the child, the child cannot satisfactorily achieve the identified early intervention outcomes in natural environments, then services could be provided in another environment. In such cases, a justification must be included on the IFSP.”

“. . . It is not the Department’s practice to dictate which providers meet the requirements of qualified personnel, consistent with Part C, in order to provide early intervention services. California must continue to ensure that early intervention services are provided consistent with all the requirements of Part C, regardless of who is providing the early intervention services. However, it is not true that Part C makes “ineligible” or “illegal” a center-based program serving only children with disabilities. . . . [I]f justification is made on the IFSP based on the needs of the individual child for a particular service, a service may be provided in such a setting.”

- **Letter to the Honorable Dianne Feinstein, California, March 21, 2000**

Digest of the letter: In response to a letter from constituents, the Honorable Dianne Feinstein requested clarification from the U.S. Department of Education on regulations related to natural environments.

Selected text from the response: “. . . We share . . . concerns for the networking and training needs of parents. These are particularly important family needs and should be addressed by the IFSP team as part of the development of the child’s IFSP. The identification of parent support, training or counseling, as a needed early intervention service, can be provided either through Part C, or by referral to an organization that offers these services (e.g., a Parent-to-Parent Training and Information Center, a Parent-to-Parent program, or other family support or advocacy organizations). Where these meetings or training will take place should be part of the overall discussion in the development of the IFSP. A variety of locations for training activities could be considered, such as a public library, another family’s home, etc. Services for parents alone, such as parent support, are not required to take place in ‘natural environments’.”

- **Direction Provided by OSEP Staff at the 1998 DEC Conference**

“Services in natural environments support the natural flow of a family’s activities; are delivered where the child lives, learns and plays; decreases family’s marginalization; uses natural supports, and builds on existing capacity of the community.”